UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION

NATIONWIDE GENERAL INSURANCE COMPANY **PLAINTIFF**

V. **CIVIL ACTION NO. 3:12-CV-875-CWR-FKB**

MACK L. JOHNSON &
CHARLES ROBINSON **DEFENDANTS**

MOTION FOR PAYMENT OF ATTORNEY'S LIEN

COMES NOW, the Cochran Firm, attorneys of record for Charles Robinson, and file this Motion for Payment of Attorney's Lien on Judgment and in support thereof would state unto the Court as follows:

1. This Court executed and entered a judgment awarding $25,000.00 to Charles Robinson on August 27, 2013 [Docket No. 11].

2. On November 1, 2013, the Cochran Firm filed its Notice of Lien on the Judgment [Docket No. 12] in the amount of $8,333.33 for attorney's fees and $216.56 in expenses, as compensation for legal services rendered in this action as well as the underlying action that is the subject of this matter and in all subsequent actions and proceedings brought for the purpose of compelling the payment of the amount due on the judgment. See Settlement Memorandum attached hereto as Exhibit "A".

3. In addition to attorney's fees, the Notice also requests monies to satisfy a lien with the Mississippi Division of Medicaid in the amount of $8,333.33 for payments made on behalf of Mr. Robinson for injuries he sustained as a result of the underlying accident. Said funds should be deducted from the Judgment and forwarded to the Cochran Firm along with attorney's fees. See Medicaid Lien attached hereto as Exhibit "B".

WHEREFORE PREMISES CONSIDERD, the Cochran Firm respectfully requests this Court grants this Motion and order the clerk of the court to pay to the Cochran Firm a total of $16,883.22 from funds held in its registry on behalf of Charles Robinson as payment for attorney's fees, expenses and to satisfy the lien from the Mississippi Division of Medicaid.

This the 21st day of May, 2014.

Respectfully Submitted,

THE COCHRAN FIRM

By: /s/ Valorri C. Jones____________________
WINSTON J. THOMPSON, III. (MSB #100157)
VALORRI C. JONES (MSB #100853)

OF COUNSEL:
The Cochran Firm
162 East Amite Street
Jackson, MS 39201
(601) 812-1000
(601) 812-1025 – facsimile

CERTIFICATE OF SERVICE

I hereby certify that on May 21, 2014, did electronically file the foregoing with the Clerk of the Court using the ECF system which sent notifications of such filing to all parties who have appeared in this case and I hereby certify that I have mailed by United States Postal Service, postage prepaid, the document to the following non-ECF participant(s):

Charles Robinson
243 Flag Chapel Circle
Jackson, MS 39213

/s/ Valorri C. Jones_____
VALORRI C. JONES

STATE OF MISSISSIPPI

ATTORNEY GENERAL OFFICIAL STATE OF MISSISSIPPI

JIM HOOD
ATTORNEY GENERAL

October 4, 2013

Winston J. Thompson, III, Esq.
The Cochran Firm
162 East Amite Street, Suite 100
Jackson, Mississippi 39201

RE:	**Medicaid Beneficiary:**	**Charles Robinson**
	Medicaid Identification Number:	**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**
	Date of Accident:	**February 19, 2011**

Dear Mr. Thompson:

In response to your correspondence dated September 19, 2013, I have further reviewed this matter. As you know, Medicaid is asserting a subrogation claim in the amount of $23, 262.79 Based on the settlement amount of $25,000.00, Medicaid will agree to reduce its claim and accept the sum of Eight Thousand Three Hundred Thirty-Three Dollars and 33/100 ($8,333.33) as full satisfaction of the same.

When sending payment, please make your check payable to the "Division of Medicaid" and forward it to my attention at the Division of Medicaid at the address below. Be sure to reference the beneficiary's name and Medicaid Identification Number (MID) to ensure proper processing. Thank you for your cooperation in this matter and for considering the taxpayers of the State of Mississippi. Should you have any questions or concerns, please feel free to contact me.

With best regards, I remain,

Sincerely,

Fran Ingram

Fran D. Ingram
Special Assistant Attorney General
Counsel for the Division of Medicaid

EXHIBIT
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A

Settlement Memorandum

Recovery:

Nationwide General Insurance Company

Total Recovery: $ 25,000.00

Deduct and Retain to Pay The Cochran Firm:

	Fee	*Billed*
The Cochran Firm	$ 10,000.00	$ 8,333.33

Total Attorney Fees: *($8,333.33)*

Case Expenses:	*Date*	*Amount*
HealthPort #0095301699	09/03/2011	$21.56
Hinds County Circuit Clerk	12/11/2012	$160.00
Hinds County Sheriff's Department	01/23/2013	$35.00

Total Case Expenses: *($216.56)*

Deduct and Retain to Pay Others:

Other Debits

Provider	*Account #*	*Total*	*Reduction*	Paid	Due
Mississippi Medicaid		$23,262.79	$14,929.46		$8,333.33

Total Other Debits *($ 8,333.33)*

Total Deductions ($ 16,883.22)

Total Amount Due to Client $ 8,333.34

Net Amount Due to Client **$ 8,116.78**

I hereby approve the above settlement and distribution of proceeds. **I understand that any and all outstanding medical or other expenses related to this case will be my sole responsibility**. **I authorize my attorney**, **The Cochran Firm to pay only the charges listed above**. I further understand that if my health insurance or any other provider subrogates this claim, I am responsible for payment of that lien.

It is the Firm policy to keep all closed paper files for five (5) years from the date we close the file. Unless contrary written instructions are received from you, all the contents, written or otherwise contained or associated with your file, will be scanned then destroyed in a manner which will protect your confidentiality. By signing below you consent to the scanning and destruction which signifies that the file may be destroyed without further notice to you or any other interested party.

Date: ____________________ Name: ______________________________

Charles Robinson

EXHIBIT

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